Fill in this information	n to identify your case:	
Debtor 1	Joseph T. Samaan	
Debtor 2 (Spouse, if filing)	Georgina M. Macool-Samaan	
United States Bankru	uptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
	9-15907	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Forn	<u>n 106l</u>	MM / DD/ YYYY

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment						
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse			
	If you have more than one job,	Form large and advance	■ Employed	☐ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed			
	employers.	Occupation	Pharmacy Technician	Social Security			
	Include part-time, seasonal, or self-employed work.	Employer's name	Quva Pharma Inc.				
	Occupation may include student or homemaker, if it applies.	Employer's address					
		How long employed th	nere?				

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,902.38 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 3,902.38 0.00

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Deb Deb	tor 1 tor 2	Joseph T. Samaan Georgina M. Macool-Samaan	-		Case	e number (if k	nown)	19-1	5907		
	Con	vyline 4 bore	4		Fo \$	r Debtor 1	20		Debtor 2 -filing s <sub>l</sub>	oouse	
	СОР	y line 4 here	4.	•	Φ_	3,90	2.30	Φ_		0.00	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	58	a.	\$_	65	7.95	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5l		\$_		0.00	\$_		0.00	
	5c.	Voluntary contributions for retirement plans	50		\$_		1.00	\$		0.00	
	5d.	Required repayments of retirement fund loans		d.	\$_		0.00	\$_		0.00	
	5e.	Insurance		е.	\$ _		2.76	\$_		0.00	
	5f. 5g.	Domestic support obligations Union dues	5f		\$ \$		0.00	\$_		0.00	
	5g. 5h.	Other deductions. Specify:	5( 51	y. h.+			0.00	+ \$		0.00	
^			_					· : —			
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	1,17		\$_		0.00	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	2,73	0.67	\$		0.00	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	88	a.	\$		0.00	\$		0.00	
	8b.	Interest and dividends	81	b.	\$		0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	•	\$		0.00	\$		0.00	
	8d.	Unemployment compensation	80		Ψ_ \$		0.00	\$_		0.00	
	8e.	Social Security	86		\$		0.00	\$_		662.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f	f.	\$_	ı	0.00	\$		0.00	
	8g.	Pension or retirement income	80		\$_		0.00	\$		0.00	
	8h.	Other monthly income. Specify: SS for children	_ 8i _	h.+			0.00		1,	500.00	
		Income Tax Refund	_		\$_	79	0.00	\$_		0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [	\$_	79	0.00	\$	2	,162.00	
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		3,520.67	+ \$	2.1	62.00	= \$	5,682.67
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_			1 L				,
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your r friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:	dep					•	Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							12.	\$	5,682.67
										Combin	ed / income
13.	Do y ■	you expect an increase or decrease within the year after you file this form?  No.  Yes. Explain:	?							onun	, moonie
	ш	i co. Expiairi.									

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